DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/16/2014 FORM APPROVED OMB NO. 0938-0391

FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	COM	E SURVEY MPLETED
	345039	B. WING _			C / 14/2014
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REHAB CTR OF SPRINGWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 5755 SHATTALON DRIVE WINSTON-SALEM, NC 27105		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
ACCURATE PROC The facility must prodrugs and biological them under an agre §483.75(h) of this punlicensed personnel law permits, but on supervision of a lice. A facility must provided (including proceduracquiring, receiving administering of all the needs of each of the facility must end a licensed pharmacon all aspects of the	ovide routine and emergency als to its residents, or obtain ement described in eart. The facility may permit all to administer drugs if State by under the general ensed nurse. de pharmaceutical services es that assure the accurate and drugs and biologicals) to meet resident. Inploy or obtain the services of cist who provides consultation as provision of pharmacy	F 42	25		6/9/14
by: Based on record refacility failed to accord administration for 2 (Residents #2 and reviewed. Findings 1. Resident #2 was 4/3/14 with multiple glaucoma, severe leand a history of stro (MDS) assessment #70 to be cognitivel Review of the resident record recor	eview and staff interviews, the urately document medication of 3 sampled residents #5) whose medications were included: as re-admitted to the facility on diagnoses including eg pain due to femur fracture okes. The Minimum Data Set dated 2/20/14 found Resident ly intact. ent's clinical record revealed	NATURE	Correction are not an admission not constitute an agreement wit alleged deficiencies. To remain in compliance with al and State Regulations the facilit taken or will take the actions se this Plan of Correction. The Pla Correction constitutes the facilit allegation of compliance such the alleged deficiencies cited have will be corrected by the date or indicated.	n to and do h the I Federal ty has t forth in an of y⊟s nat all been or	(X6) DATE
	PROVIDER OR SUPPLIER COMMONS NSG & F SUMMARY STA (EACH DEFICIENCY REGULATORY OR L 483.60(a),(b) PHAF ACCURATE PROC The facility must prodrugs and biological them under an agre §483.75(h) of this punicensed personnel aw permits, but on supervision of a lice. A facility must provice (including procedur acquiring, receiving administering of all the needs of each receiving adm	PROVIDER OR SUPPLIER 7 COMMONS NSG & REHAB CTR OF SPRINGWOOD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately document medication administration for 2 of 3 sampled residents (Residents #2 and #5) whose medications were reviewed. Findings included: 1. Resident #2 was re-admitted to the facility on 4/3/14 with multiple diagnoses including glaucoma, severe leg pain due to femur fracture and a history of strokes. The Minimum Data Set (MDS) assessment dated 2/20/14 found Resident #70 to be cognitively intact. Review of the resident's clinical record revealed	PROVIDER OR SUPPLIER (COMMONS NSG & REHAB CTR OF SPRINGWOOD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) 483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. 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The Minimum Data Set (MDS) assessment dated 2/20/14 found Resident will be corrected by the date or of indicated.	A BUILDING A BUILDING A BUILDING BROWDER OR SUPPLIER A BUILDING BROWDER OR SUPPLIER COMMONS NSG & REHAB CTR OF SPRINGWOOD SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) A BUILDING SUMMARY STATEMENT OF DEFICIENCIES A BOULDING SUMMARY STATEMENT OF DEFICIENCIES STATESTALON DRIVE WINSTON-SALEM, NC 27105 PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION FROM PROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 425 A BOULDING F 425 A BOULDING F 425 A BOULDING A BUILDING DEFICIENCY SYS SHATTALON DRIVE WINSTON-SALEM, NC 27105 F PROVIDERS PLAN OF CORRECTION FROM PROVIDERS FROM PROVIDERS FROM PROVIDERS FROM PROVIDERS FROM PROVIDERS

Electronically Signed

06/08/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	X2) MULTIPLE CONSTRUCTION (X3) [(- /) DATE SURVEY COMPLETED	
						С		
		345039	B. WING	·		05/14/2014		
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REHAB CTR OF SPRINGWOOD				57	REET ADDRESS, CITY, STATE, ZIP CODE 55 SHATTALON DRIVE INSTON-SALEM, NC 27105			
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an a 0.00 and (9pn ever as w 4/5/2 and The (MA seve #70 Pray A ph note med The on 5 revier mon nurs entri other and med 4/30 was not k other on 5 the semp folloopulle adminurs inde	15% drops, 1 in Azopt 1% drop (n) for glaucomary evening at 9 yell as a new playell and have respected and Norwarmacy consultation administing the playell as a new playell as a	r dated 4/3/14 for Xalatan each eye at bedtime (9 pm) in the right eye at bedtime (a. Pravachol 20 milligram (mg) om, due to a history of strokes hysician's order written on aree times a day at 6am, 2pm management. dication Administration Record ed. On 4/30/14 there were tries at night, when Resident eceived her Xalatan, Azopt, co. tant review on 5/12/14 did not cumentation for missing stration on 4/30/14. The sing (DON) was interviewed pm. She shared that she for accuracy at the end of each ne Unit Manager and corporate ecall that there were missing that she would check with the DN returned moments later. Unit Manager had detected in Nurse #1 was on duty ailed to initial the MAR and the DON conveyed that she did as a full audit to ensure that no	F 4	425	F 425 Corrective Action: Resident #2 Xal Azopt, Pravachol, and Narco medic have continued to be provided per order and documented by Nurse. Resident #5 Osteo-Bi-Flex, Prostat Ultram have continued to be provid MD order and documented by the r Medication Error reports were comfor dose omissions for Resident #2 #5. Unit Manger detected the miss documentation at the end of month and Nurse #1 was counseled on 5/ for failure to provide supervision wir Medication Administration Record (documentation. Nurse #2 is no lonemployed at facility. The results revitwenty medication omissions. Each responsible for the omissions received residents have the potential to be a by this alleged practice. On 6/1/14 audit of MARs was conducted to erall residents medication were initial given per MD order. Any medication was not initialed was investigated a Nurse contacted for correction and counseling. Beginning on 5/30/14, Nurses and Medication Aides were inserviced individually on performing a medication pass usin Medication Administration Observa	cation MD and led per nurse. pleted and sing review 1/14 th MAR) ger /ealed h nurse ved o may affected , an nsure ed as on that and the ation o g the		

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CENTER	<u>RS FOR MEDICARE</u>	<u> & MEDICAID SERVICES</u>			ON	<u> ИВ NO.</u>	<u>0938-0391</u>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
345039		B. WING			C 05/14/2014			
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
				5	755 SHATTALON DRIVE			
LIBERTY	COMMONS NSG & F	REHAB CTR OF SPRINGWOOD			VINSTON-SALEM, NC 27105			
	CUMMA DV CTA	TEMENT OF DEFICIENCIES			·		2.5	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 425	Continued From pa	ige 2	F 4	125				
	daily schedule, inst	ead worked as needed and			Record. Observations included			
	normally worked or	n another station. However, he			documentation of medications as			
		er he was on the cart, he			administered and ensuring that all			
		medication after he			medications that are ordered are given			
		didn't know why he didn't			scheduled. Any nurse or med aide			
		nurse was not initialing all of			med error rate of 5% or greater was			
		e stated that if he had realized			removed from duty and retraining o			
		one to speak to the resident			they were also notified if they could			
		tact and could tell him whether eived her medication.			achieve compliance with medication administration it would result in	1		
						20		
	The Unit Manager was interviewed on 5/14/14 at 7:20 pm. She shared that she reviewed the schedule from 4/30/14 and realized that Nurse #2 was oriented that night, quit after her assignment.				disciplinary action up to and includir termination. Blanks in the MAR or c			
					initials without explanation would in			
					that medications were not provided			
		e did her audit, she just pulled			ordered, and are also considered a	uo		
		nts, so did not realize that			medication error. Any staff membe	rs who		
		desident #5) was affected as			did not receive in-service training w			
	well.	,			allowed to work until training has be			
	The DON was inter	viewed on 5/14/14 at 7:30 pm.			completed. As of 6/8/14 22 out of 28	8 of		
	She stated that her	expectation was for a nurse to			Nurses and Medication Aides have	edication Aides have		
	sign the MAR as medications are passed. The				completed the inservice. Med Pass			
	nurse orientating was also responsible for making				observations of Nurses and Med Aid			
	passing meds and	g trained initialed after should always be working			indicate med error rates below 5%.			
	alongside the nurse				Systemic Changes: Nurses and Me	d		
		as re-admitted to the facility on			Aides will be observed on Med			
		diagnoses including			Administration randomly on all shifts			
		pressure ulcer on sacrum.			Pharmacy Consultant or designee			
		irterly MDS assessment, it was			month. A score of 5% or greater w			
		was cognitively intact.			reported to the DON for appropriate			
		ent's clinical record revealed			including re-education, additional m			
	•	where Osteo Bi-Flex Joint			observation opportunity, and may redisciplinary action up to termination			
		be given at 5 pm for nere was no initial from the			Medication Pass Observation Tool v			
		dministered. In addition,			used to evaluate the medication pas			
		(cubic centimeter) a			teaching was done during the med			
		und healing, to be given at 5			todoming was done during the illed	pass.		
		et 50 mg, used for pain, to be			Monday through Friday The Daily C	linical		
		not have a nurse's initial, to			Meeting will review the results of an			

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EIDERTT COMMONS NOC & RE	INAB OTK OF STRINGWOOD		WINSTON-SALEM, NC 27105				
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ordered. The Director of Nursion 5/14/14 at 5:20 previews the MARs for month along with the nurse. She didn't recentries but stated that other staff. The DON and stated that the Umedical errors when 4/30/14, when he fail was counseled. The not know if there was other residents were On 5/14/14 at 7:00 p He stated that he was employee on 4/30/14 following her on medical pulled the right medical administering them. In nurse hires have to won the shifts independently and Norientation shift. He shall be daily schedule, instead in a stated that whenever always initialed the madministered it but dicatch that the new number medications. He it, he would have gor who's cognitively intain or not she had received the schedule from 4/30/14 the state of the Unit Manager was 7:20 pm. She shared schedule from 4/30/14 the madministered it but did the madminister	ing (DON) was interviewed m. She shared that she raccuracy at the end of each Unit Manager and corporate all that there were missing at she would check with the returned moments later Init Manager had detected Nurse #1 was on duty led to initial the MAR and DON conveyed that she did a full audit to ensure that no affected. In Nurse #1 was interviewed. It is orientating a new is and was responsible for a pass to ensure that she cations and initialed after the commented that new work with an experienced is before working urse #2 was working her final shared that he did not work a land worked as needed and another station. However, he he was on the cart, he hedication after he idn't know why he didn't urse was not initialing all of stated that if he had realized he to speak to the resident act and could tell him whether	F 4	125	Medication Observation preformed. Unit Manager will present any score greater error rate and action taken. issues will be reported to the Administrator and the Medical Direct appropriate action. The Clinical Mediculudes DON, Unit Manager, Supp Nurse, Rehab Director, MDS, HIM, other clinical staff as needed. Each month the pharmacy consultareview each resident smedication regime including observation of meadministration, documentation and storage in the medication cart. The will be responsible to ensure all recommendations are reviewed and appropriate response recorded. Monitoring: To ensure compliance Unit Manager or DON will conduct review using the QA Survey Tool reviewing 5 nurses or medication a ensuring that medications that are ordered are administered according medication schedule and that they documented on the MAR. This will done weekly for four weeks then m for three months. Identified issues reported immediately to DON or Administrator for appropriate action Compliance will be monitored and ongoing auditing program reviewed weekly QA Meeting. The weekly Q Meeting is attended by the DON, W Nurse, MDS Coordinator, Unit Man Support Nurse, Therapy, HIM, Dieta Manager and the Administrator.	e 5% or Any ctor for eeting port and ant will drug e DON d the a ides g to the are be onthly will be a late of the A /ound ager,		

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F 425	At the time that she a sample of resider another resident (R well. The DON was inter She stated that her sign the MAR as m nurse orientating w sure the nurse bein	e did her audit, she just pulled hts, so did not realize that esident #5) was affected as viewed on 5/14/14 at 7:30 pm. expectation was for a nurse to edications are passed. The as also responsible for making g trained initialed after should always be working	F4	25			